BURNETT MEDICAL CENTER-SNF 257 WEST ST. GEORGE AVENUE

GRANTSBURG 54840 Phone: (715) 463-5355		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	51	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	53	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	51	Average Daily Census:	51

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/03)	Length of Stay (12/31/03)	%
Home Health Care	No				응		23.5
Supp. Home Care-Personal Care	No						41.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.9	More Than 4 Years	11.8
Day Services	No	Mental Illness (Org./Psy)	7.8	65 - 74	11.8		
Respite Care	Yes	Mental Illness (Other)	15.7	75 - 84	33.3		76.5
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	43.1	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.0	95 & Over	7.8	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.0			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	2.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	21.6	65 & Over	96.1		
Transportation	No	Cerebrovascular	17.6			RNs	10.0
Referral Service	No	Diabetes	17.6	Gender	8	LPNs	7.4
Other Services	No	Respiratory	11.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	2.0	Male	27.5	Aides, & Orderlies	42.3
Mentally Ill	No			Female	72.5		
Provide Day Programming for			100.0				
Developmentally Disabled	No	I		I	100.0	 	

Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay		Family Care		Managed Care							
Level of Care	No.	90	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	용	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	302	21	87.5	107	0	0.0	0	21	100.0	130	0	0.0	0	0	0.0	0	48	94.1
Intermediate				3	12.5	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	5.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	_	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		24	100.0		0	0.0		21	100.0		0	0.0		0	0.0		51	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.7	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	3.9		76.5	19.6	51
Other Nursing Homes	4.6	Dressing	15.7		66.7	17.6	51
Acute Care Hospitals	85.1	Transferring	37.3		51.0	11.8	51
Psych. HospMR/DD Facilities	0.0	Toilet Use	35.3		51.0	13.7	51
Rehabilitation Hospitals	4.6	Eating	84.3		11.8	3.9	51
Other Locations	0.0	******	* * * * * * * * * * * * * * *	*****	*****	******	*****
otal Number of Admissions	87	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.9	Receiving Resp	iratory Care	5.9
Private Home/No Home Health	51.7	Occ/Freq. Incontiner	nt of Bladder	27.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	7.8	Receiving Suct	ioning	0.0
Other Nursing Homes	1.1	_			Receiving Osto	my Care	2.0
Acute Care Hospitals	4.6	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.9	Receiving Mech	anically Altered Diet	s 27.5
Rehabilitation Hospitals	1.1				_	_	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	41.4	With Pressure Sores		2.0	Have Advance D	irectives	68.6
otal Number of Discharges		With Rashes		5.9	Medications		
(Including Deaths)	87				Receiving Psyc	hoactive Drugs	37.3

	This	nis Other Hospital-		i	All
	Facility	Based F	Based Facilities		ilties
	용	%	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.2	90.1	1.07	87.4	1.10
Current Residents from In-County	82.4	83.8	0.98	76.7	1.07
Admissions from In-County, Still Residing	20.7	14.2	1.46	19.6	1.05
Admissions/Average Daily Census	170.6	229.5	0.74	141.3	1.21
Discharges/Average Daily Census	170.6	229.2	0.74	142.5	1.20
Discharges To Private Residence/Average Daily Census	88.2	124.8	0.71	61.6	1.43
Residents Receiving Skilled Care	94.1	92.5	1.02	88.1	1.07
Residents Aged 65 and Older	96.1	91.8	1.05	87.8	1.09
Title 19 (Medicaid) Funded Residents	47.1	64.4	0.73	65.9	0.71
Private Pay Funded Residents	41.2	22.4	1.84	21.0	1.96
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	23.5	32.9	0.72	33.6	0.70
General Medical Service Residents	2.0	22.9	0.09	20.6	0.10
Impaired ADL (Mean) *	39.2	48.6	0.81	49.4	0.79
Psychological Problems	37.3	55.4	0.67	57.4	0.65
Nursing Care Required (Mean) *	5.4	7.0	0.77	7.3	0.74